

**MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-029712**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**7962**

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Luke's Hospital**

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY OR TOWN **University City** Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) **720 Syracuse** Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

**EATHA**

Middle

Last

**BLEY**

4. DATE OF DEATH

Month

Day

Year

**Aug.**

**3**

**1963**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**10-28-1886**

9. AGE (last birthday)

**76**

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

10b. KIND OF BUSINESS OR INDUSTRY

**At Home**

11. BIRTHPLACE (City and state or country)

**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**William J. Bley**

13b. MOTHER'S MAIDEN NAME

**Emelia Fasnet**

14. NAME OF HUSBAND OR WIFE

**-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)  
**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

Address

**J. Russell Bley 862 Victoria Pl.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Labor operation Perineal lacerations**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**Partial uterine inversion with 4 weeks**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Paralysis of swallowing muscles**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

**332x**

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **7/18/63** to **8/2/63** and last saw her/him alive on **8/2/63**  
Death occurred at **12:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**James A. Wood M.D.**

22b. ADDRESS

**8330 Forsyth Rayton 5, Mo**

22c. DATE SIGNED

**8/5/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Aug. 6, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

25. DATE RECD. BY LOCAL REG.

**AUG 5 1963**

26. REGISTRAR'S SIGNATURE

**Boad Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. J. Wood  
8230 Forsyth

Pa. 5-4887  
2-5 Mon.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ernest W. Spillars*

Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.